Exceptional Report Form

You must use this form to exceptionally report on any risks that may affect compliance with any of our education standards. This form is used for all risks to NMC approved education, across the theory and practice components of the approved programme.

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| **Section one: Risk owner information** |
| **Name of approved education institution:** |  |
| **Name of practice learning partner(s) involved (if applicable):** |  |
| **Date of escalation to the NMC:** |  |
| **Name of the person responsible for escalation to the NMC:** |  |
| **Preferred contact email for follow up:** |  |

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| **Section two: Details of the risk** |
| **Date of incident/concern/issue:** |  |
| **NMC approved programme(s) impacted:** |  |
| **Description of the risk identified:** |
| **How were the AEI made aware of this risk:** |
| **How many students are affected by the risk?** *(Please add rows to the table)*

|  |  |  |
| --- | --- | --- |
| **Programme** | **Year of study** | **Number of students** |
|  |  |  |
|  |  |  |
|  |  |  |

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| **Is there a known or potential risk to safety?** *(Please add rows, if necessary)*

|  |  |  |
| --- | --- | --- |
| **Stakeholder** | **Yes/No** | **Details of the risk(s) identified** |
| Patients/public |  |  |
| Students |  |  |
| Staff |  |  |

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| **What impact does/could the risk have on compliance with our education standards?** |

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| **Section three: Mitigation of the risk** |
| **What immediate actions have been taken to address the risk(s)?** |
| **Does this risk impact on any other AEIs?** *If so, please list the AEIs impacted and state whether this risk been shared with them.**
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| **What actions are now being planned to address the risks?** |

**Returning your exceptional report**

You must submit your completed form to exceptional.reporting@nmc-uk.org in a timely manner.

If you wish to add additional information to a report, you can do so by email directly to the exceptional.reporting@nmc-uk.org mailbox, without needing to complete a new form.